



2014 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC052

Facility Name: Children's Healthcare of Atlanta Surgery, Meridian Mark

County: Fulton

Street Address: 5445 Meridian Mark Road Suite 340

City: Atlanta

Zip: 30342

Mailing Address: 5445 Meridian Mark Road Suite 340

Mailing City: Atlanta

Mailing Zip: 30342

2. Report Period

Report Data for the full twelve month period, January 1, 2014 - December 31, 2014 (365 days).

Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Cathy Crouch

Contact Title: Sr. Financial Analyst, Performance Analytics

Phone: 404-785-7872

Fax: 404-785-7954

E-mail: cathy.crouch@choa.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the name of the legal entities which own/operate the facility if applicable or the name of the physician(s) in ownership of the center. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
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Part D : Ambulatory Surgery Rooms, Procedures and Patients

1A. Rooms, Procedures and Patients in CON-Authorized or Licensed Operating Procedure Rooms

An operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	8	16,059	9,967

1B. Other Nonoperating/Procedure Rooms

If applicable, provide rooms, procedures and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Endoscopy Procedure Rooms	0	0	0
Minor Procedure Rooms	0	0	0
Other Procedure Rooms	0	0	0

2. Ambulatory Surgery Patients Admitted to Hospital

How many patients if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

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3. Ambulatory Patients by Race/Ethnicity

Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	18	30
Asian	402	624
Black/African American	2,277	3,501
Hispanic/Latino	428	695
Pacific Islander/Hawaiian	4	5
White	5,807	9,614
Multi-Racial	275	423
Unknown	756	1,167
Total	9,967	16,059

4. Ambulatory Patients by Gender

Report the number of patients by gender served during the report period along with the total number of procedures by gender.

Gender	Number of Patients	Number of Procedures
Male	6,110	9,640
Female	3,857	6,419
Total	9,967	16,059

Part E : Ambulatory Surgical Procedures, Licensed Specialty and Services

1. Top Ten Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure.

CPT Code	Procedure Name	Number of Procedures	Average Charge
69436	Create Ear Drum Opening	2,430	2,048.00
42820	Remove Tonsils and Adenoids	810	4,784.00
42830	Removal of Adenoids	643	4,108.00
67311	Revise Eye Muscle	598	3,839.00
54161	Circumcision	429	4,378.00
68811	Probe Nasolacrimal Duct	354	1,105.00
54163	Repair Incomplete Circumcision	273	4,352.00
54640	Suspension of Testis	269	5,156.00
69610	Repair of Ear Drum	241	1,855.00
20680	Removal of Support Implant	234	6,710.00

2. Licensed Specialty and Services Provided

Report the licensed specialty of the ambulatory surgery center and the services provided.

Specialty(ies)(As indicated on the Healthcare Facility Regulation Division or Office of Regulatory Services permit):

Services Provided:

Pediatric Service of General Surgery, Plastics, Urology, Hand, Orthopedic, Ophthalmology, Otolaryngology, Gynecology and Oral Maxillafacial Surgery

Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

1. Utilization by Payer Source

Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue	Net Revenue
Medicare	0	0	0	0
Medicaid	3,086	4,795	17,939,000	2,137,000
PeachCare for Kids	712	1,120	4,139,000	493,000
Third Party	6,111	10,066	38,204,462	23,614,623
Self Pay	58	78	483,000	36,000
Other Payer	0	0	0	0
Total	9,967	16,059	60,765,462	26,280,623

2. Indigent/Charity Care

Provide the number of ambulatory surgery patients and procedures for patients who were income tested as indigent or charity care cases. Refer to the definitions of indigent and charity care in the instructions.

Category	Number of Patients	Number of Procedures
Indigent	53	85
Charity	151	243
Total	204	328

Part G : Financial Summary and Indigent and Charity Care Information

1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2014.

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/2003

2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Lyn Zahnow

3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity.

4. Financial Table

Please complete the following financial table for the 2014 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the web form) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	60,765,462
Medicare Contractual Adjustments	0
Medicaid Contractual Adjustments	19,218,036
Other Contractual Adjustments	12,911,413
Total Contractual Adjustments	32,129,449
Bad Debt	1,111,379
Indigent Care Gross Charges	324,500
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	324,500
Charity Care Gross Charges	919,511
Charity Care Compensation	0
Uncompensated Charity Care (Net)	919,511
Other Free Care	0
Total Net Patient Revenue	26,280,623
Other Revenue	0
Total Net Revenue	26,280,623
Total Expenses	0
Adjusted Gross Revenue	40,436,047
Total Uncompensated I/C Care	1,244,011
Percent Uncompensated Indigent/Charity Care	3.08%

Part H : Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

- A) American Association of Ambulatory Care?
- B) American Association for Accreditation of Plastic Surgery Facilities?
- C) Joint Commission for Accreditation of Healthcare Organizations (JCAHO)?
- D) Accreditation Association for Ambulatory Health Care (AAAHC)?
- E) Accreditation Association for Ambulatory Health Care (AAAHC)?
- F) Other?

Specify other organizations that accredit your facility in the space below.

Part I : Patient Origin of Ambulatory Surgery Patients in the Surgical Center

1 Patient Origin

Please report the county of origin for the patients treated in the surgical center.

County	Patients
Alabama	25
Appling	1
Baldwin	6
Banks	8
Barrow	118
Bartow	107
Ben Hill	3
Berrien	4
Bibb	36
Bleckley	1
Bulloch	1
Burke	1
Butts	26
Carroll	89
Chatham	1
Chattahoochee	1
Chattooga	5
Cherokee	577
Clarke	27
Clayton	188
Clinch	1
Cobb	1286
Coffee	6
Colquitt	1
Cook	1
Coweta	110
Crisp	2
Dawson	90
Decatur	2
DeKalb	924
Dodge	3
Dougherty	5
Douglas	169
Early	1
Effingham	2
Elbert	5
Emanuel	1
Fannin	22
Fayette	134

Florida	23
Floyd	49
Forsyth	631
Franklin	15
Fulton	1937
Gilmer	23
Glynn	1
Gordon	22
Grady	1
Greene	7
Gwinnett	1507
Habersham	22
Hall	276
Hancock	1
Haralson	16
Harris	9
Hart	13
Heard	4
Henry	224
Houston	19
Irwin	1
Jackson	106
Jasper	9
Jones	1
Lamar	5
Laurens	8
Lee	5
Long	2
Lowndes	2
Lumpkin	49
Madison	12
Meriwether	12
Miller	1
Monroe	4
Montgomery	2
Morgan	8
Murray	5
Muscogee	55
Newton	100
North Carolina	7
Oconee	15
Other- Out of State	44
Paulding	153
Peach	12

Pickens	48
Pike	13
Polk	42
Pulaski	3
Putnam	5
Rabun	21
Randolph	1
Richmond	2
Rockdale	69
Schley	1
Seminole	1
South Carolina	14
Spalding	36
Stephens	24
Sumter	1
Tattnall	1
Telfair	1
Tennessee	6
Terrell	1
Thomas	5
Tift	8
Toombs	1
Towns	6
Troup	48
Turner	1
Twiggs	2
Union	9
Upson	13
Walker	1
Walton	123
Ware	3
Washington	5
White	25
Whitfield	14
Wilcox	3
Worth	2
Total	9,967

Part J : Ambulatory Surgery Center Workforce Information

1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	32.81	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	9.80	0.00	0.00
Allied Health Therapists	0.00	0.00	0.00

2. Filling Vacancies

Please enter the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Registered Nurse	30 Days or Less
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
Allied Health Therapists	Not Applicable

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: W Richard Bonner, MD

Date: 3/5/2015

Title: Board Chairman

Comments: